

EMPLOYEE INSTRUCTIONS

For Completing a Notice of Recurrence (CA-2a)



FORMS TO COMPLETE/SUBMIT:

- **Notice of Recurrence** [See CA-2a](#)
- **Claim for Compensation** [See CA-7](#) (if not entitled to COP)
- **Time Analysis Form** [See CA-7a](#) (if not entitled to COP)
- **Duty Status Report** [See CA-17](#)
- **Attending Physician's Report** [See CA-20](#), or similar evidence

KEY POINTS:

- **Entitlement to Continuation of Pay (COP):**
 - You are not entitled to COP for an occupational disease claim.
 - If the original injury was a traumatic injury, you will only be entitled to COP if the recurrence occurs within the 45-day entitlement period and you have not exhausted the allotted days.
- **Authorization for Medical Examination and/or Treatment (CA-16):**
 - Your supervisor cannot issue you a CA-16 for an occupational disease.
 - If the original injury was a traumatic injury, and the recurrence is less than 90 days after your return to work, a CA-16 can be requested from your supervisor.
- **Evidence:**
 - The level of evidence required if the recurrence is within 90 days of the original injury is the same as required when submitting the original CA-1 or CA-2, except you must also have your physician provide an opinion, with medical reasons, regarding causal relationship between your condition and the original injury.
 - If the recurrence occurs more than 90 days after the original injury, you will be requested to provide *substantial* evidence that the recurrence of disability for work is directly related to the original injury.

PROCESS:

1. Complete the Notice of Recurrence, Form CA-2, Part A.
2. If you have are claiming a recurrence of disability (and not simply a recurrence of need for medical treatment), complete the CA-7, Claim for Compensation form. [See CA-7 Instructions – Employees.](#)
3. Submit the completed CA-2A and supporting medical documentation to your supervisor. If compensation is requested, submit the CA-7 and CA-7a as needed.
4. Submit the CA-17 to your supervisor for completion. Forward this form to your attending physician to determine whether or not you can work light duty.

**Questions? Contact the ARC WC Specialist at (304) 480-8229
or email questions to WorkersComp@bpd.treas.gov**